

Serial Number: 60/407,152
Appn. Filed : 2002 Aug. 30
Applicants: : James Guo and Wendy Zang
Appn Title : BOOK HOLDER ON THE STEERING WHEEL
Examiner/GAU:

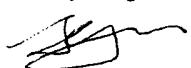
Information Disclosure Statement

Commissioner for Patents
P.O. Box 1450
Alexandria,
VA 22313-1450

Sir,

Attached is a completed form PTO/SB/08(A&B) and copies of the pertinent parts of the references cited thereon.

Very respectfully,



James Guo and Wendy Zang
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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet _____

of _____

Complete If Known

Application Number	60/407,152
Filing Date	2002 AUG 30
First Named Inventor	James GUD
Art Unit	
Examiner Name	

Attorney Docket Number _____

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
A	US- 4,139,217	2-13-1979	Jamison		
B	US- 4,375,881	3-8-1983	Mitchell		
C	US- 5,487,521	1-30-1996	Callahan		
D	US- 5,749,305	5-12-1998	Jacovelli		
E	US- 5,193,777	3-16-1993	Faulstich		
F	US- 6,019,339	2-1-2000	Brayford		
G	US- 6,045,159	4-4-1998	Bellah		
H	US- 6,169,658	8-29-1999	Moore		
I	US- 6,412,425	7-2-2002	Chen		
	US-				

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				

Examiner Signature	Date Considered
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<p>Substitute for form 1449/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p>(Use as many sheets as necessary)</p>		Complete if Known	
		Application Number	60/407,152
		Filing Date	2002 AUG 30
		First Named Inventor	James Goco
		Art Unit	
		Examiner Name	
Sheet	of	Attorney Docket Number	

NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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